



KENTUCKY SCHOOL BUS **INCIDENT REPORT**

IF INCIDENT OCCURRED BETWEEN TWO OR MORE SCHOOL BUSES PLEASE FILL OUT SEPARATE INCIDENT REPORTS FOR EACH VEHICLE / DRIVER.
THIS WILL COUNT AS ONLY ONE INCIDENT

SCHOOL DISTRICT NAME

SCHOOL DISTRICT # _____

DATE OF INCIDENT _____ / _____ / _____
DAY MONTH YEAR

TIME OF INCIDENT _____ A.M _____ P.M.

NUMBER OF BUSES INVOLVED _____

WAS INCIDENT URBAN _____ RURAL _____

BUS SIDE # _____

BUS DRIVER NAME _____

1. TYPE OF INCIDENT (check only one response)

- A. between motor vehicles _____ B. noncollision _____ C. pedestrian _____
D. pedal cycle _____ E. railroad train _____ F. fixed object (complete question 2) _____
G. other _____

Type of Incident Comment _____

2. ONLY COMPLETE THIS SECTION IF BUS STRUCK A FIXED OBJECT (check only one response, that which caused most damage)

- A. embankment _____ B. building _____ C. tree _____ D. sign _____ E. guardrail _____
F. bridge rail _____ G. fence _____ H. curb _____ I. mailbox _____ J. fire hydrant _____
K. culvert-headwall _____ L. parked vehicle _____ M. utility pole _____ N. median barrier _____
O. other (specify) _____

Fixed Object Comment _____

3. MANNER OF COLLISION BETWEEN SCHOOL BUS AND OTHER VEHICLE OR OBJECT (check only one response)

A. angle _____ B. head-on _____ C. rear-end _____ D. sideswipe _____ E. backing _____ F. Broad Side _____

F. other (specify) _____

Manner of Collision Comment _____

4. AT THE TIME OF INCIDENT, WHERE WAS THE BUS (check only one response)

A. approaching loading zone _____ B. stopped in the loading zone _____

C. leaving the loading zone _____ D. not in sight of loading zone _____

5. Property Damage Only Yes (skip to **11.**) _____ No (go to **6.**) _____

6. DID INCIDENT RESULT IN STUDENT AND / OR DISTRICT PERSONNEL INJURY (enter number affected per category)

A. fatality(ies) _____ B. incapacitating injury(ies)-serious _____

C. possible injury(ies)-minor _____ D. non-incapacitating injury(ies) _____

Additional Comment / Additional Explanation _____

7. OTHER VEHICLE(S)-DRIVER(S)-OCCUPANT(S) – PEDESTRIAN(S) (enter number affected per category)

Did incident result in:

A. fatality(ies) _____ B. incapacitating injury(ies)-serious _____

C. possible injury(ies)-minor _____ D. non-incapacitating injury(ies) _____

E. non district personnel other _____

Additional Comment / Additional Explanation _____

ON BOARD BUS | OFF BUS LOADING / UNLOADING ZONE

	FATALITIES		SERIOUS	MODERATE	MINOR	FATALITIES		SERIOUS	MODERATE	MINOR
AGE	M	F	ALL	ALL	ALL	M	F	ALL	ALL	ALL
UNDER										
3										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
OVER										
18										
DRIVER										
OTHER										
TOTALS										

9. WAS THE PUPIL(S) (enter appropriate number in each area)

hit by the bus _____ hit by another vehicle _____ on the bus _____

other (description): _____

Number of other: _____

10. LOCATION OF INJURED PUPILS (enter appropriate number in each area)

on side of road _____ in roadway _____ on sidewalk _____ on the bus _____

Number of other: _____

11. WAS THERE FAILURE OF BUS SAFETY EQUIPMENT: Yes _____ No _____

12. COLLISION WAS IN INTERSECTION? Yes _____ No _____

13. BUS DIRECTION ANALYSIS (enter only one response)

COLLISION WAS WITH PEDESTRIAN

bus going straight	_____	bus turning right	_____
bus turning left	_____	bus backing	_____
other action	_____		

COLLISION WAS WITH VEHICLE

same direction both moving	_____	opposite direction both moving	_____
one vehicle stopped	_____	one vehicle backing	_____
sideswipe	_____	other action	_____

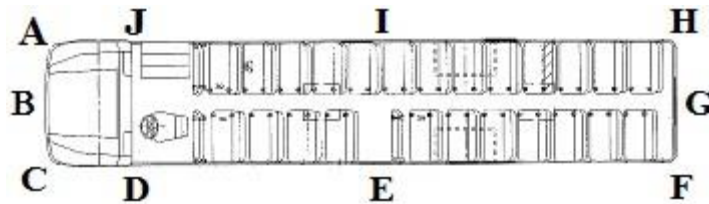
COLLISION WAS WITH OTHER

fixed object	_____	other type of vehicle, i.e.	
other object, animal, etc.	_____	train, pedal cycle motorcycle	_____

NON-COLLISION

overturn	_____	other non-collision	_____
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14. BUS DIRECTION COMMENT _____



K



L

15. FIRST POINT OF IMPACT (using chart above- enter only one response on line)

Enter appropriate letter _____

16. INCIDENT IN ROADWAY? Yes ____ No ____

17. APPROXIMATE SPEED OF BUS: _____

18. NUMBER OF PASSENGERS (excluding driver); _____

19. SCHOOL BUS USE AT TIME OF COLLISION: (check one response only)

1. Regular Route _____
2. Field/Activity Trip (School Related Use) _____
3. Special Education Use _____
4. Other Use (specify) _____

20. LIGHT CONDITION (check only one response)

- A. dark, not artificially illuminated _____ B. dark, artificially illuminated _____ C. dawn _____
- D. dawn _____ E. daylight _____ F. dusk _____

21. WEATHER CONDITIONS (check only one response)

- A. clear _____ B. raining _____ C. fog _____
- D. snowing _____ E. sleeting _____ F. overcast/cloudy _____
- G. other (specify) _____

22. CONDITION OF ROAD AT TIME OF COLLISION (check all responses that apply)

- A. dry _____ B. wet _____ C. ice _____ D. muddy _____
- E. snow packed _____ F. holes or ruts _____ G. under repair _____
- H. other (specify) _____

Additional Comments / Additional Explanation _____

23. DRIVER GENDER Male _____ Female _____

24. AGE OF BUS DRIVER _____

25. WAS SCHOOL BUS DRIVER ISSUED A CITATION? Yes _____ No _____

26. DRIVER'S EXPERIENCE DRIVING SCHOOL BUS

- A. Less Than 6 Months _____ B. 6 Months To 1 Year _____ C. 1 – 2 Years _____
- D. 2 – 5 Year _____ E. 5 – 10 Years _____ F. Over 10 Years _____

27. IN LAST THREE YEARS, HOW MANY BUS COLLISIONS HAS DRIVER HAD? _____
28. DID DRIVER RECEIVE A PRE-SERVICE SCHOOL BUS DRIVER TRAINING COURSE? Yes _____ No _____
29. DID THE DRIVER RECEIVE IN-SERVICE TRAINING IN THE LAST 12 MONTHS ? Yes _____ No _____
30. WAS BUS DRIVER'S SEAT BELT IN USE WHEN COLLISION OCCURRED? Yes _____ No _____

ADDITIONAL INFORMATION

**This section is to be filled out for situations not covered by the
Kentucky Daily School Bus Incident Report**

For Example:

- **Student falls getting on/off bus and is injured**
- **Student slips on wet bus floor and is injured**
- **Driver is injured while breaking up a fight**
- **Any other scenarios**

Explanations: _____
